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ABSTRACT

The rapid increase in Colorado's population has created a huge demand for allied health care providers. This increase, coupled with the aging baby boomer population, has created a near-crisis situation in many Colorado communities. The U.S. Department of Labor predicts severe shortages of allied health care workers for the next several years. The goals of the Community Colleges of Colorado Health Occupations Programs are to assess and respond to the needs of the health care community and subsequently provide highly trained health care workers for Colorado. This paper describes the current status of and challenges facing health occupation programs, and makes preliminary recommendations for future directions. The following reasons for low student recruitment are posited: The majority of wages for Colorado graduates of community college health care programs fall in the $8 to $15 per hour wage range, with few opportunities for higher wages; Unemployment rates are low; Lack of marketing by community colleges; Increased marketing by commercial schools; and On-the-job training offered by health care facilities. Schools are also finding it difficult to recruit health care education faculty, due, among other reasons, to poor wages and lack of community recognition for health care faculty. (NB)

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Community Colleges of Colorado
Status of Health Care Education

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Current Status of the Health Care Industry in Colorado

The rapid increase in Colorado's population has created a huge demand for allied health care providers. This increase coupled with the aging baby boomer population, has created a near crisis situation in many Colorado communities. The U.S. Department of Labor predicts severe shortages of allied health care workers for the next several years. In fact, some have predicted that the shortage of allied health care workers will be the greatest our Nation has ever seen. In many cities across the Nation, hospitals are reducing their services and closing departments due to the nursing shortage. Rural and urban areas alike are struggling to maintain their health care services due to the shortage of healthcare providers. The shortage of providers will affect all communities in Colorado, either currently, or in the near future. The shortage of health care providers is predicted to continue for the next 8-10 years.

Not only are rural Colorado hospitals facing a staffing shortage, they are also feeling the crunch of reduced Medicare and Medicaid reimbursement rates and the Hill Burton indigent care act. This further reduces the amount of funds they can spend on the recruitment, retention and education of employees. The community colleges and the area vocational schools in Colorado can have a positive impact on these significant challenges.

Goal of the Community Colleges of Colorado Health Occupation Programs

The goals of the health occupations programs at the community colleges and area vocational schools are to assess and respond to the needs of the health care community and subsequently provide highly trained health care workers for Colorado.

Purpose of White Paper

The purpose of this white paper is to describe the status and challenges currently facing health occupation programs and make preliminary recommendations for future directions.

Current Challenges Facing Health Occupation Programs

The challenges facing health occupation programs are multi-faceted and include: Decreased student enrollment and retention; faculty recruitment and retention; cost of developing and maintaining health occupation programs; and lack of adequate clinical sites.

Student recruitment and retention

Currently, the community colleges and area vocational schools provide a wide variety of health care education degree and certificate programs as well as opportunities for on-going continuing education. Although, community colleges and area vocational schools offer all of the necessary coursework to become a credentialed professional in

almost every allied health care specialty, the majority of the health care programs are experiencing decreased enrollment.

While the health care industry in Colorado is in desperate need of additional providers, the recruitment of students is at an all time low. This may be due in part to the following reasons:

1. Low wages for allied health care providers
   To date, the minimum wage is $5.50 per hour. Wages in the health care sector range from $8.00-$10.00 (e.g. nurse aide, dental assistant, medical assistant) $11.00 - $15.00 (e.g. LPN, EMT, PTA) $16.00 – $20.00 (e.g. radiology tech, paramedic) over $20.00 (e.g. RN, dental hygienist, massage therapist, physician assistant) The majority of the wages for graduates of community college health care programs are in the range of $8.00 - $15.00 per hour, with very few opportunities for higher wages.
2. Fewer prospective students due to low unemployment rates
3. Lack of marketing by the community colleges
4 Increased marketing by commercial, for- profit schools
5. Lack of marketing by the health care industry regarding employment opportunities
6. Program attrition due to employment opportunities in their chosen field while enrolled in education programs.
7. On-the-job-training offered by healthcare facilities.

Faculty recruitment and retention

Currently, schools that provide health care education are also finding it difficult to attract qualified faculty and program directors. In many cases the wages paid to faculty are far less than what they could make as a healthcare provider in their chosen field.

1. Poor wages- In many cases the wages paid to faculty are far less than what they could make as a health care provider in their chosen field.
2. Lack of professional development
3. Small pool of credentialed and degreed faculty
4. Lack of community recognition for healthcare faculty

Cost of Developing and Maintaining Health Education

Health care education is very costly due to the high cost of equipment, maintenance, insurance, disposable equipment and audiovisual teaching aids to name just a few.

1. Health care education programs are not capturing the differentiated FTE reimbursement for high-cost CIP code programs.
2. Health care education programs are not capturing the increased tuition.
3. Unavailability of program development funding for high-cost health care programs including purchasing of equipment and hiring of faculty.
4. Lack of funding for maintenance of equipment and continuing education for faculty.

Preliminary Recommendations for Future Directions

Student Recruitment and Retention

1. Employer related tuition assistance program
2. Marketing
3. Increase wages
4. Preferential hiring of credentialed employees vs. on-the-job-training.
5. Motivate high school guidance counselors to promote health care education.
6. Increase visibility and advertising in high schools statewide.
7. Begin Med-Prep programs at the secondary level.
8. Develop partnerships with the health care industry.

Faculty

1. Increased wages for health care faculty based on the market demand. This may mean adjusting the wages for health care faculty, which may exceed the wages of non-healthcare faculty. The economic principle of supply and demand should prevail.
2. Provide regular and ongoing professional development and continuing education for health care faculty.
3. Provide reimbursement to health care faculty for certification and licensure fees.
4. Provide tuition sponsorship for advanced degrees.
5. Provide teacher education courses to qualified healthcare providers so they can become qualified health care faculty.
6. Develop a relationship with local health care facilities and identify clinical providers who can serve as preceptors, lab instructors and part-time faculty.
7. Provide community recognition to health care faculty. This in turn will market your healthcare programs, while honoring and retaining your faculty.
8. Develop more shared employment contracts. For example, ½ time school faculty, and ½ time hospital employment with full-time benefits and financial obligations shared by both the school and the health care facility.

Cost of Developing and Maintaining Health Education

1. Channel funds already captured from differentiated FTE to the health care education programs.
2. Designate capital funds to create and develop needed health occupation programs.
3. Develop statewide contracts for the purchase and maintenance of equipment and all community colleges and area vocational schools
4. Health programs could qualify for an increased FTE reimbursement rate from the state. An increased reimbursement rate would address the high cost of conducting a healthcare program. This includes the things previously discussed, such as faculty salaries, equipment purchases, and equipment maintenance.

5. Create a statewide clinical coordinator at CC of C to assist health care programs in obtaining clinical sites for students at health care facilities across the state. The state coordinator would also maintain clinical contracts with health care facilities across the state.

Summary

To achieve the stated goals, the community colleges and area vocational schools of Colorado will need to be proactive. Although the challenges are many, with proper planning the goal can be met. The community colleges and area vocational schools of Colorado excel in quality health care education. With continued planning and cooperation among the schools and the health care industry, the shortage of qualified health care providers can be minimized. This will take a cooperative and long-term effort among all of the community colleges, area vocational schools, regulatory agencies, health care industry and the Community Colleges of Colorado System.

Health care education at the community colleges and area vocational schools in Colorado is alive and well. The challenges discussed are system wide. To be successful, the solutions must be addressed system wide as well. Steps must be taken to assure that this tradition of excellence continues and that the health education programs continue to thrive and meet their stated goals.

APPENDIX

Health Care Provider Statistics

Facts from the Health Resources and Services Administration, State Workforce Profiles

Over the next two decades, the largest cohort of RNs will be between the ages of 50 and 69 years

By the year 2020, the RN workforce is forecast to be roughly the same size as it is today, declining nearly 20% below projected RN workforce requirements.

RNs constituted the largest single profession employed in hospitals in the US in 1998, comprising 26% of the hospital workforce. Nurse aides represented 6% of the hospital workforce. Licensed practical nurses comprises 5% of the hospital workforce.

Nursing and personal care facility employment per 100,000 population in Colorado increased by 14% between 1998 and 1999, much less than the national average of 23%.

The number of RNs in Colorado increased 31% between 1998 and 1999 while the state's population grew by 18%. The result was a 12% growth in RNs per capita, compared to a 20% growth nation wide.

Fewer than 3% of employed RNs in Colorado were hispanic/latino, significantly less than the percentage in the general population (15.7%).

There were 21 LPNs for every 100 RNs in Colorado. This is significantly lower than the national average of 32 LPNs per 100 RNs.

The per capita ratios of dental assistants and dental hygienists in Colorado were relatively high.

In 1998 there were 240 occupational therapy assistants in Colorado, which ranked 5th in the nation in Ots per capita.

Colorado ranked 33rd in the nation in the per capita employment of EMTs.

Colorado had 1,890 radiologic technologists in 1998 and ranked 43rd in the nation per capita.

Colorado had 137 home health aides and 338 nurse aides per 100,000 population and ranked 24th and 45th among the 50 states.

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